PTO/SB/30 (06-09) Approved for use through 06/30/2009, OMB 0651-0031

3493-0179PUS1

Under the Paperwork Reduction Act of 1995, no persons are required	U.S. Patent and Tradema to respond to a collection of informa	rk Office; U.S. DEPARTMENT OF COMMERC tion unless it displays a valid OMB control numbe	
Request	Application Number	10/594,740-Conf. #5296	
for Continued Examination (RCE)	Filing Date	December 1, 2006	
Transmittal	First Named Inventor	Bernard FREISS	
Address to: Mail Stop RCE	Art Unit	1623	
Commissioner for Patents	Examiner Name	J. S. Lau	

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Attorney Docket Number

Requ	est for Co	ontinued	Examination (RCE)	practice under 37	CFR 1.11	4 does not apply	to any u	-identified application. ility or plant application filed prior to June USPTO) on page 2.	
	amendn	nents er it does r	closed with the RCE	E will be entered in	the order	in which they we	ere filed u	sty filed unentered amendments and nless applicant instructs otherwise. If Nicant must request non-entry of such	
	a	may b	e considered as a	submission eve	n if this l	oox is not chec	ked.	ments filed after the final Office action	
	i. ii.	\Box	onsider the argum ther	ents in the Appea	Il Brief or	Reply Brief pr	eviously	filed on	
	b. X	Endo	sed		_	7			
	i.	=	mendment/Reply		iii. _	₹	Disclosu	re Statement (IDS)	
	ii.		fidavit(s)/Declarat	tion(s)	iv.	Other			
2.	Miscel	laneou	s						
	a	Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)							
	b	Other							
١.	Fees	The F	CE fee under 37 C	FR 1.17(e) is requ	uired by 3	37 CFR 1.114 w	hen the	RCE is filed.	
	a. X	The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any Overpayments, to Deposit Account No. 02-2448							
	i.	X RCE fee required under 37 CFR 1.17(e)							
	ii.	X E	tension of time fe	e (37 CFR 1.136	and 1.17)			
	iii.	∐∘	her						
	ь. 🗌	Check	in the amount of	s		endo	sed		
VAR redi	c NING: In t card in	formatic	ent by credit card on on this form ma on and authorizatio	y become public.			should n	ot be included on this form. Provide	
			SIGNATURI	E OF APPLICAL	VT, ATI	ORNEY, OR	AGENT	REQUIRED	
Sign	ature		me				Date	June 22, 2009	

	SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED						
Signature	my	Date	June 22, 2009				
Name (Print/Type)	MaryAnne Armstrong, Ph.D.	Registr	ation No.	40,069			